

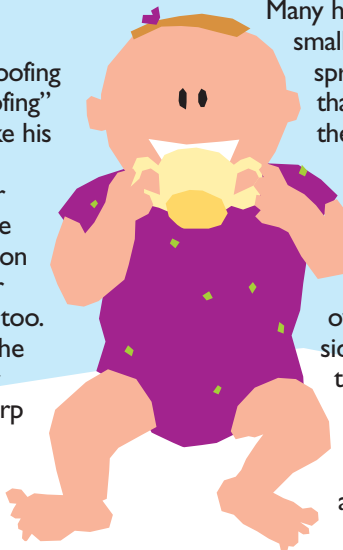


GET DOWN AND DIRTY

Parents have a lot of responsibility. One absolute must is to make sure our children grow up in a safe environment, but keeping the home safe is a constantly evolving challenge. As a child grows, the things that pose a danger to him or her also change. To keep ahead of the curve, we need to see things through his eyes – we need to “get down and dirty.”

Before bringing baby home from the hospital, it is important to begin babyproofing the house. (We use the term “babyproofing” lightly; the best any father can do is make his home “baby-resistant.” All infants and toddlers need to be supervised in order to keep them completely safe.) Since the little tyke will be spending a lot of time on the floor, first lying on blankets and later crawling, that’s where we need to start, too. Get down on the floor and check out the view. Crawl around every room of your house on your stomach. Notice any sharp points on furniture or unprotected wall outlets? Are those live electrical wires? Does the floor look appetizing? Find any snacks down there? Now you’re getting the idea.

In a few months, the game changes. It is amazing how fast your child will begin crawling and getting into cabinets, drawers, and shelves. Stay ahead of the game. Now you



need to go around on your hands and knees and see what objects you find in all those accessible places. Do you need to move those knick-knacks to a higher shelf? Anything within reach pose a choking hazard? Where do you keep the dish soap, detergent, cleaning supplies, toothpaste, mouthwash, vitamins, bug spray, and lawn care products?

Many household products are poisonous, and even a small amount can be dangerous for a child. (Lysol spray carries a stronger human toxicity indicator than many common outdoor pesticides!) Better get them locked up or moved before junior finds them.

The next stage gets even more fun. As your child starts to walk, she will regress to prehistoric instincts – she will think she can climb like a monkey! Are your shelves and furniture solid enough so they won’t topple over when (not IF!) your kid starts to scale up the side? How much higher do you need to move those knick-knacks now (How about the attic)?

Is your outdoor play equipment safe?

The game just keeps getting more interesting! Take some time to childproof your home today, and you and your child will rest a little easier!

Boot Camp is a class for dads with babies and dads expecting babies. For more information, call Bill and Dawn Horan, Boot Camp Coach and Coordinator, at 219-824-0626 or visit the Boot Camp website: www.newdads.com.



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First Steps
Indiana Children's
Special Health Care Services

KIDSteps Magazine is a quarterly publication of the Indiana First Steps Early Intervention System and the Indiana Children's Special Health Care Services Program.

INDIANA KIDSteps MAGAZINE

FALL 2001

**SPECIAL ISSUE ON
CULTURAL DIVERSITY**

**EDICIÓN ESPECIAL
SOBRE DIVERSIDAD
CULTURAL**

THIS MAGAZINE'S MISSION

The mission of this quarterly publication is to offer useful information to families, providers, service coordinators, medical professionals, and others who have special interest in the successes and challenges of early intervention and early childhood development in Indiana and neighboring states.

Welcome to KIDSteps Magazine.

School buses are at their weekday routines again – seats filled with children wondering, “Where did summer disappear to so quickly?” Busloads of children are an interesting observation. Collectively, they represent who we are as a melting pot of various cultures. Such a complex mixture of differences and similarities!

This issue introduces you to a new First Steps initiative that recognizes and values multicultural diversity. As Indiana’s population continues to broaden its ethnic and cultural proportions, each of us is responsible for embracing our differences with the same respect as our similarities. The “Multicultural Early Childhood Team Training” program brings cultural competence into preschool special education and early intervention programs for infants and young children with special needs and their families. This is hands-on education and training that allows First Steps service providers to better understand and use culturally appropriate practices and attitudes that can increase a family’s participation and improve early intervention outcomes.

Similarly, IACCRR’s Inclusion Project is a training program that helps First Steps service and child care providers comprehend and implement inclusive child care, a setting where all children with and without special needs can play and learn together. The results can be amazing in that children and families learn to accept others as they are; and more often than not, they recognize and value their similarities rather than their differences.

The story of Michael Browning is a good example of what children with special needs can accomplish, given the right early intervention assistance. Michael is an enthusiastic and determined 18-month-old boy with Down Syndrome who absorbs life like a sponge and is learning to overcome his challenges through inclusive child care and a very active family.

Please take a moment to read the latest ICC update and the collection of other great ideas and grand accomplishments happening around the state. As we continue to reach out with respect and responsibility, it is both comforting and challenging to know that we are making a positive difference in the lives of children, families, and communities.

Maureen H. Greer
Maureen Greer
Assistant Deputy Director,
Bureau of Child
Development,
First Steps



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Published by Indiana’s First Steps Early Intervention System, Bureau of Child Development, Division of Family and Children, Family and Social Services Administration.

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*Recognizing and respecting a person’s differences is valuing diversity –
the very core of what makes each of us unique and special. Different backgrounds, customs, languages,
ideas, values, and traditions all affect the choices and actions we make,
and ultimately, these cultural experiences influence our development
as a person, family, and community.*

CELEBRATING DIVERSITY: First Steps Multicultural Early Childhood Training Initiative

UNDERSTANDING OUR DIFFERENCES

First Steps is piloting a higher level of training for service providers and coordinators in hopes to increase the number of children from culturally diverse backgrounds who are eligible for services from public agencies. The initiative’s intent is also to improve the cultural sensitivity of service providers as well as to attract other service providers who reflect the growing diversity of Indiana’s population.

Being “culturally sensitive” is to appreciate that cultural differences exist on the same level as similarities. For early childhood development programs, this translates to an awareness of the cultures represented within the community, learning about the general parameters of those cultures, and realizing that being sensitive to cultural diversity – part of being “culturally competent” – affects a family’s participation.

First Steps’ responsibility is to become culturally sensitive to help families achieve their outcomes through interventions that make sense to them and realize their goals. The family is a child’s first and best supporter. By working as a team, families and service providers can best decide the most appropriate services they need. By acting in

a culturally competent manner, service providers become better equipped to understand the family’s needs, implement strategies best suited for enhancing the child’s development, and support the parents’ competence and confidence.

LEARNING, GROWING, AND BECOMING CULTURALLY COMPETENT

Cultural knowledge, cultural awareness, and cultural sensitivity essentially are components of improving the system of cross-cultural dimension. By more complete definition, *cultural knowledge* means to be familiar with selected cultural characteristics and values of a particular ethnic group. *Cultural awareness* is developing an understanding of a group through a change of attitudes and values. *Cultural sensitivity* is knowing that cultural differences and similarities co-exist without being defined as better or worse, right or wrong.

Cultural competence, however, emphasizes the idea of *effectively operating* in different cultural contexts. By definition, **cultural competence is a set of compatible behaviors, attitudes, and policies that come together in a**

CELEBRATING DIVERSITY

Continued from page 3.

system, agency, or among professionals that enable the system, agency, or professionals to work effectively in cross-cultural situations. When put into action, cultural competence merges and transforms cultural knowledge, awareness, and sensitivity into specific standards, policies, practices, and attitudes that produce better outcomes when used in the right cultural settings to increase the quality of care. Being culturally competent means learning new patterns of behavior and effectively applying them in the appropriate settings.

THE NEXT STEP FOR FIRST STEPS

In June, a team of representatives from Indiana attended a training session on cultural competence as a result of a grant secured by the Interagency Coordinating Council and the First Steps El program. The program is a train-the-trainer model titled “Multicultural Early Childhood Team Training” (MECTT) provided through a collaborative effort between The Helen A. Kellar Institute for Human disAbilities and the Parent Educational Advocacy Training Center.

The goal of the training is to introduce cultural competence in preschool special education and early intervention programs for infants and young children with special needs and their families. The training material is particularly relevant to Indiana as both Indiana and First Steps continue to experience increasing diversity of the state’s population.

There are four key theories that guide the project in developing materials:

1. Parent and professional teams learning together can effectively reach parents and promote systems change;
2. Participants with diverse educational backgrounds and experiences enrich the learning process;
3. Multicultural community-based organizations, parents, and professionals play an integral role in developing materials; and
4. Carefully designed materials may be used interchangeably to meet a variety of needs, audiences, and settings.

The training materials focus on several crossing themes that reinforce the development of a culturally competent system, including a

broad understanding of the meaning of cultural and linguistic diversity; the importance of family centered practices; the need for family and professional partnerships; a focus on culturally competent practices; and a focus on systematic problem solving.

An implementation plan for Indiana has begun using the MECTT curriculum, and the development team is exploring a variety of strategies including diversity training workshops, infusing MECTT training materials into existing Indiana curricula for early intervention and early childhood providers, and using interactive and web-based teaching technologies to provide training and education regarding culture and diversity. Training will be open to service providers, family members, early childhood professionals and anyone interested in applying culturally competent best practices in early childhood programs.

YOU CAN LEARN MORE

A planning committee for the project selected the team that attended the MECTT training session in June. Members of this team include Lantrianne Brown (Bureau of Child Development), Paula and Joseph Anderson (parents), Mary Jo Paladino (Transition Coordinator/Unified Training System), Stephan Viehweg (Trainer, Unified Training System), Gloria Webster French (Indiana State Department of Health), and Bernard Baca (Healthy Families). For more information about the Multicultural Early Childhood Team Training, log onto the Early Childhood Research Institute web site at <http://www.clas.uiuc.edu/fulltext/cl00825/cl00825.html#welcome> or contact Lantrianne Brown at (317) 467-6371 or via email at lbrown4@fssa.state.in.us.

Reconocer y respetar las diferencias de una persona es valorar la diversidad – la verdadera esencia de lo que nos hace a cada uno especial y único. Diferentes experiencias, costumbres, lenguajes, ideas, valores y tradiciones afectan las opciones y acciones que tomamos y finalmente estas experiencias culturales influyen nuestro desarrollo como persona, familia y comunidad.

CELEBRANDO LA DIVERSIDAD: Iniciativa de Entrenamiento Multicultural de la Niñez Temprana de First Steps

ENTENDIENDO NUESTRAS DIFERENCIAS

First Steps está dirigiendo un programa piloto de entrenamiento de alto nivel para proveedores y coordinadores de servicios con la esperanza de aumentar el número de niños y niñas provenientes de distintas culturas que son elegibles para obtener servicios ofrecidos por agencias públicas. La iniciativa también trata de mejorar la sensibilidad cultural de los proveedores de servicios así como atraer a otros proveedores de servicios que reflejen la creciente diversidad de la población de Indiana.

Ser “culturalmente sensible” es darse cuenta de que las diferencias culturales se encuentran en el mismo nivel que las similitudes. Para los programas de desarrollo de la niñez temprana esto se traduce en tomar conciencia de las culturas representadas en la comunidad, en aprender acerca de los parámetros generales de esas culturas y en darse cuenta de que siendo sensible a la diversidad cultural – parte de ser “culturalmente competente” – se afecta la participación familiar.

La responsabilidad de First Steps es la de llegar a ser culturalmente sensibles para ayudar a las familias a lograr sus objetivos a través de intervenciones que tengan sentido para ellas y así alcanzar sus metas. La familia es el primer y mejor apoyo de un niño(a). Trabajando en equipo, las familias y los proveedores de servicios pueden

decidir mejor cuales son los servicios más apropiados que ellas necesitan. Al actuar de una manera culturalmente competente, los proveedores de servicios están mejor equipados para entender las necesidades de la familia, para implementar estrategias que se acomoden mejor al realzamiento del desarrollo del niño y para reforzar la confianza y habilidad de los padres.

APRENDIENDO, CRECIENDO Y LLEGANDO A SER CULTURALMENTE COMPETENTE

El conocimiento cultural, la conciencia cultural y la sensibilidad cultural son componentes esenciales del mejoramiento del sistema de dimensión crosscultural. Para una definición más completa, el conocimiento cultural significa estar familiarizado con características y valores culturales específicos de un grupo étnico en particular. La conciencia cultural es el desarrollo del entendimiento de un grupo a través de un cambio de actitudes y valores. La sensibilidad cultural es el saber que las diferencias y las similitudes culturales coexisten sin ser definidas como mejores o peores, buenas o malas.

La competencia cultural, sin embargo, enfatiza la idea del funcionamiento efectivo en diferentes contextos culturales. Por definición, la competencia cultural es un juego de comportamientos compatibles, actitudes y políticas que se agrupan en un sistema, agencia o entre profesionales que

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DIVERSIDAD CULTURAL

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permiten que sistemas, agencias o profesionales trabajen de manera efectiva en situaciones crossculturales. Cuando puesta en acción, la competencia cultural se fusiona y transforma el conocimiento, la conciencia y la sensibilidad cultural en patrones establecidos, políticas, prácticas y actitudes específicas que producen mejores resultados cuando son usados en escenarios culturales correctos para aumentar la calidad del cuidado. Ser culturalmente competente significa aprender nuevos patrones de conducta y aplicarlos efectivamente en los escenarios apropiados.

EL PRÓXIMO PASO PARA FIRST STEPS

En Junio, un equipo de representantes de Indiana asistió a una sesión de entrenamiento en competencia cultural gracias a una beca otorgada por el Interagency Coordinating Council (Consejo Coordinador de Interagencias) y el programa First Steps EI. El programa es un modelo del tipo “entrena al entrenador” titulado “Multicultural Early Childhood Team Training” (Equipo de Entrenamiento en Niñez Temprana Multicultural (MECTT) que es realizado gracias a un esfuerzo conjunto del Hellen A. Keller Institute for Human disabilities (Instituto para Personas Discapacitadas Hellen A. Kellar) y el Parent Educational Advocacy Training Center (El Centro de Entrenamiento de Defensa Educacional para Padres) .

El objetivo del entrenamiento es el de introducir competencia cultural en los programas de educación especial pre-escolar y de intervención temprana destinados a infantes y niños (as) pequeños (as) con necesidades especiales y sus familias. El material de entrenamiento es especialmente relevante para el estado de Indiana a medida que tanto Indiana como First Steps continúan experimentando la creciente diversidad de la población.

Aquí hay cuatro teorías claves que guían el proyecto en el desarrollo de materiales:

1. Equipos de padres y profesionales que aprenden juntos pueden influir efectivamente en los padres y promover cambios en el sistema;
2. Participantes con historias educacionales y experiencias diversas enriquecen el proceso de aprendizaje; y
3. Organizaciones multiculturales de base comunitaria, padres y profesionales juegan un rol integral en el desarrollo de materiales;

4. Materiales diseñados cuidadosamente pueden ser usados de forma intercambiada para satisfacer una variedad de necesidades, audiencias y escenarios.

Los materiales de entrenamiento se concentran en varios temas que se mezclan para reforzar el desarrollo de un sistema culturalmente competente, incluyendo un amplio entendimiento del significado de la diversidad cultural y lingüística; la importancia de prácticas centradas en la familia; la necesidad de una relación entre padres y profesionales; un enfoque de prácticas culturalmente competentes; y un enfoque en resolver problemas sistemáticamente.

Un plan de implementación para Indiana ha comenzado usando el currículum MECTT y el equipo de desarrollo está explorando una variedad de estrategias que incluyen talleres de entrenamiento en diversidad, unir los materiales de entrenamiento del MECTT con el currículum existente en Indiana para intervención temprana y proveedores de niñez temprana y usando tecnologías de enseñanza interactivas basadas en el web que provean educación y entrenamiento relacionados con cultura y diversidad. Los entrenamientos estarán abiertos a proveedores de servicios, miembros de familia, profesionales del área de la niñez temprana y cualquier persona interesada en aplicar prácticas culturalmente competentes en programas de niñez temprana.

USTED PUEDE APRENDER MÁS

Un comité de planificación para el proyecto seleccionó el equipo que asistió a la sesión de entrenamiento del MECTT en Junio. Miembros de este equipo incluyeron a Lantrianne Brown del Bureau of Child Development (Oficina del Desarrollo del Niño), Paula y Joseph Anderson (padres), Mary Jo Paladino Transition Coordinator/Unified Training System (Coordinadora de Transición del Sistema de Entrenamiento Unificado), Stephan Viehweg Trainer/Unified Training System (Entrenador del Sistema de Entrenamiento Unificado), Gloria Webster French del Indiana State Department of Health (Departamento de Salud del Estado de Indiana) y Bernard Baca de Healthy Families (Familias Sanas). Para más información acerca del Equipo de Entrenamiento Multicultural de la Niñez Temprana, visite el sitio web del Early Childhood Research Institute (Instituto de Investigación de la Niñez Temprana) <http://www.clas.uiuc.edu/fulltext/cl100825/cl100825.html#welcome> o llame a Lantrianne Brown al (317) 467-6371 o vía email a lbrown4@fssa.state.in.us.

INFANT HEARING AID LOANER PROGRAM: An initiative you can bank on!

While every infant's world is full of wonder, a child with any degree of hearing loss can miss so many things that can put his or her development at risk. The good news is that the Indiana Legislature adopted a proactive approach to help families and children identify and intervene in hearing problems.

Each year in Indiana, about 250 babies are born with some type of hearing impairment. As of July 1, 2000, Indiana hospitals began implementing the state mandated Universal Newborn Hearing Screenings that ensure every baby born in Indiana is screened for Congenital Hearing Loss. The initial screening is painless and done before your baby leaves the hospital with audiological equipment at the infant's bedside or in the audiology department of the hospital. Infants with questionable results may need to be re-screened immediately and possibly followed up before they are three months old.

Sometimes a bit of debris or excess wax in the baby's tiny ear canals or fluid in the middle ear can

affect the results. If a loss is determined, families and babies are referred to the First Steps Early Intervention System for appropriate action.

In July 2001, a team effort by Indiana First Steps, Indiana Lions Speech and Hearing Inc., and Riley Hospital for Children has introduced the Indiana Hearing Aid Loaner Bank, a new program that lends hearing aids to infants as soon as a hearing loss is detected. The bank is among the first of its kind in the nation to provide hearing assistance to children as young as several weeks of age on an immediate need basis. The emphasis on immediacy helps decrease any delay that could potentially hinder an infant in learning to recognize sounds and words.

Kira VonBlon, an audiologist with Riley Hospital for Children in Indianapolis, manages the Hearing Aid Loaner Bank, which is funded and operated by Lions of Indiana under the control of the Indiana Lions Speech and Hearing, Inc. In working with Dr. Allan Diefendorf, an associate professor at the Indiana University School of Medicine and the Director of Audiology and Speech/Language Pathology at Riley Hospital for Children, the program offers tremendous hope to newborn children in Indiana identified with a hearing deficit.

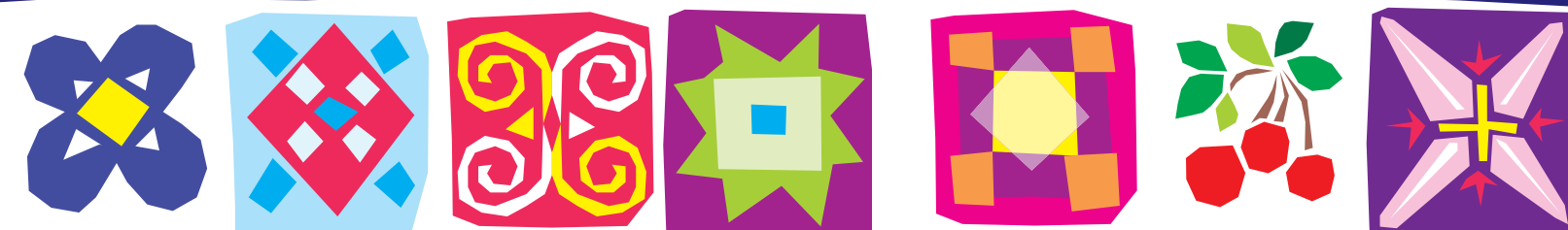
The initial goal was to generate enough funding for a bank of 165 hearing aids ranging from low-end analog to highly sophisticated digital technology. Through donations and grant moneys from Indiana Lions and Lions International and the generous support from hearing aid manufacturers, the bank

carries 230 hearing aid units, providing audiologists and parents throughout Indiana access to a full range of aids for fitting, observing, and adjusting to the child's specific hearing need.

“Now that we can detect hearing impairment in infants within the first three months of life, it's important to fit them with hearing aids immediately to minimize any developmental delay,” explains Dr. Diefendorf, who chairs the Governor's Advisory Board for Newborn Screening and Intervention. “This program also allows us to determine which type of aid is appropriate for each infant before the aid is purchased.”

There is no cost for the loaner hearing aid. Once the make and model is determined, a “permanent” aid is ordered, and the loaner is returned to the bank. The hearing aids are normally loaned for a period of up to six months, and subsequently, permanent hearing aids are funded by First Steps. There is no cost to families taking part in First Steps, Medicaid or other state programs for Hoosiers with disabilities. Therefore, parents are not investing in one type of hearing aid, only to discover their child would do better with a different type.

To learn more about the Indiana Hearing Aid Loaner Bank, contact Kira VonBlon at (317) 274-5612 or by email to kvonblon@iupui.edu. The bank is located at Riley Hospital for Children, 702 Barnhill Drive, Suite 0860, Indianapolis, IN 46202. Any written correspondence should include “Lions Club Loaner Bank” in the address and reference.



THE INCLUSION PROJECT

What is inclusive child care?

An inclusive child care setting is one in which all children – both with and without special needs or disabilities – have the opportunity to play and learn together. The basic philosophy is that all children have the right to be included with their peers in all age-appropriate activities throughout life. For a child with any type of disability, he or she is included in the daily routines of an already wonderful child care program – it does NOT mean changing a program into a special education classroom. In an inclusive environment, the special needs and interests of each child are given an equal chance for discovery and development.

Okay, so what is the Inclusion Project?

In response to the need for increased awareness about and training for inclusive child care, the Indiana Association for Child Care Resource & Referral (IACCRR) developed a training system for early childhood professionals (child care providers, First Steps, Special Education Cooperatives, etc.) that will help them learn about including children with special needs in natural settings such as child care centers, homes or ministries. The Inclusion Project was developed to address specific issues such as improving the access, quality and availability of inclusive child care options for families of children with special needs. IACCRR provides specialized consultation services to anyone working to include children with disabilities in child care as well as all Child Care Resource & Referral agencies. First Steps providers are encouraged to access this training for themselves and for child care providers in order to ensure quality care for ALL children.

One portion of the project implements the Child Care Plus+ curriculum developed by the University of Montana. Topics in this curriculum include working with families, working with team members, adapting materials, facilitating children's communication and more. One Child Care Plus+ trainer reports: "The curriculum is well written and wonderfully informative. By the end of the training session, participants are equipped with a wealth of good resource materials and a brain-full of ideas to better serve their existing and new clientele."

Great! How does the Inclusion Project benefit everyone involved?

The benefits of inclusive child care are many, and the advantages touch everyone involved with such an all-

encompassing program. For the children, they learn first-hand about developing friendships regardless of their individual abilities. The biggest lesson learned is the acceptance of others as they are, and more often than not, realizing their similarities rather than their differences.

Families, especially those with children with special needs, are enabled to work because they have access to quality child care. In turn, these same families learn to relax and appreciate the time away from their children, as well as learn from other families as they share common experiences.

For the child care providers, inclusive child care helps them develop professionally and personally as they expand their knowledge about disabilities and how to work with those who have special needs. The increased awareness also increases the overall quality of the program and activities by heightening each provider's sensitivity to caring for all children. An additional advantage for child care providers is that those who offer inclusive child care typically acquire a larger share of the market simply by creating an enhanced setting. The broader scope of an inclusive environment offers better opportunities for all parents and children in need of child care services.

"I've included a bigger variety of books, pictures, and materials after the Inclusion training," reports one training participant from northern Indiana. "I've used some of the techniques that I learned so that each child can be more involved!"

The Indiana Association for Child Care Resource & Referral (IACCRR) is the state organization that works with Indiana's 46 local Resource & Referral agencies serving all 92 counties to ensure comprehensive delivery of child care resource and referral services to the parents, child care providers and communities as mandated by the national affiliate, National Association of Child Care Resource & Referral Agencies, NACCRR.

For more information on the Inclusion Project or the services of IACCRR, contact Renee Kinder at (317) 924-5202 or toll-free at (800) 299-1627 or via e-mail at rkinder@iaccrr.org.

*"INCLUSION is
changing the rules
of the game
so that everyone
can play
and everyone
can win."*

~ Richard Villa

FAMILY IN THE SPOTLIGHT



The Magic of Being Michael

Meet Michael Browning.

At just one-and-a-half years, he is already a quick study in the challenges and successes of life. Michael is a smart little boy, and he is surrounded by several excellent teachers who help him master all of the curious and magical things in his world.

But not everything is easy for Michael. His pediatrician, Chris Moore, MD, knew before Michael's birth that he had a congenital heart condition known as Tetralogy of Fallot – a combination of heart defects that allow the blood supplies to mix so that the blood sent to cells throughout the body is low in oxygen. Blood flow to the lungs is decreased, too, therefore short-changing the amount of oxygen to vital organs. Within six months, corrective open-heart surgery was Michael's first challenge and success in life. But unfortunately, there was more.

Michael's second challenge was not apparent until after his arrival in March 2000. Almost immediately, Dr. Moore recognized the signs of Down Syndrome – a different genetic condition typically caused by an error in cell division called non-disjunction. As it happens, a child with Down Syndrome has one extra chromosome (Chromosome #21, in fact) that alters the course of development and causes the characteristics associated with the syndrome.

Here is where the "magic of being Michael" comes in. Michael, with all of his challenges, is eagerly welcoming every day of life. He's a visual learner and picks up on things quickly by watching – and there is plenty going on around him! As the youngest of three boys on a farm and one of as many as nine children in his mother's home day care setting, Michael's

learning is magnified by his peers. That's in addition to his weekly developmental therapy, biweekly physical therapy, and monthly speech therapy schedules!

"We learned about Michael's diagnoses right away," shares Lynn Browning, Michael's mom. "It wasn't an entirely new experience for our family. Our children have grown up with other children with Down Syndrome, so we've learned that a Down Syndrome child is just as normal as any child – they just progress a bit slower."

Michael loves to play and listen to music and go about any place with his family. Lynn and her husband, Terry, attribute much of Michael's successful development to his inclusion in the mainstream of activities, whether at home with brothers Andy and Nathan or beyond. Nathan featured Michael as part of a school project about Down Syndrome including a hands-on "senses" book made just for Michael. Nathan's project not only raised awareness about the benefits of inclusion, but also informed his classmates about Down Syndrome and how to deal with it constructively.

Lynn quickly praises the work of her First Steps coordinator, Jerri Orosz, and Michael's team of therapists: development specialist Karolyn Buckler, physical therapist Jo Poole, and speech therapist Cheryl Stewart. "We got into First Steps right away, and it is wonderful knowing there is help available for you – it relieves a lot of the burden. Michael is a special little boy," explains Lynn. "We're a busy family, and he is a part of everything we do. He just goes with the flow."

And for all of his challenges and successes, that's the magic of just being Michael.

"Enhancing the choice of early intervention services for infants and toddlers with special needs and their families through community involvement."



Governor's Interagency
Coordinating Council on
Infants and Toddlers

The Indiana General Assembly passed a bill in the 2001 legislative session which will require some eligible families to pay a fee for First Steps services. This cost participation fee is sometimes referred to as "cost share". The first step toward implementing this new law was initiated over the summer. The Bureau of Child Development, in partnership with the Governor's Interagency Coordinating Council for Infants and Toddlers, held public forums across the state in May and June seeking input

REPORT FROM THE ICC CHAIR

regarding the development of policy related to cost participation. Thirteen total forums were held in Muncie, Evansville, Merrillville, South Bend, Fort Wayne, Indianapolis and New Albany.

The cost share fee will only apply to families whose income exceeds 350% of the federal poverty level for their family size. The legislation also gives the state agency flexibility in considering the extraordinary expenses often incurred by families who have a child with special needs, potentially exempting many families from cost share who might otherwise qualify. A facilitated discussion process was used at the forums to gather input regarding family medical expenses and personal care expenses that stakeholders believe deserve consideration in the development of policies and procedures. In addition, participants were asked to give comments regarding the consequences

if a family eligible for cost sharing fails to pay.

A separate page on the First Steps website has been established to support timely and accurate communication regarding cost participation. A draft policy is available for review on the First Steps website at www.state.in.us/fssa/first_step. All of the public input gathered at the forums is also available on the cost participation web page. Three public hearings are scheduled in late November in South Bend, Indianapolis and Jasper to give interested persons an opportunity to comment on the final draft of the regulations. For more information, continue to watch the website and future issues of KIDSteps Magazine. The ICC encourages all stakeholders to take an active part in the public input process.

I'm special. I learn at my own pace.

Most children have the skills listed below by the time they are a year old. If I am not doing several things on the list below, talk to my doctor or nurse, or call the people at **First Steps**. If you don't know the number, call **1-800-441-7837**.

Watch for me to:

- ▶ play "Pata-cake" or other clapping games.
- ▶ pull myself up by hanging onto a chair or my crib rail.
- ▶ pick up a cube or small toy in each hand and bang them together.
- ▶ pick up a small object, like a Cheerio, using my thumb and a finger.
- ▶ say the same sound over and over, like, *babababa*, or, *lalalala*.
- ▶ say, *mama* or *dada*. Even though I say these words, I don't know what they mean. They are sounds for me to say.
- ▶ stop doing something if you say, *No*. I sometimes stop doing it only for a short time, though.
- ▶ follow some easy directions, like, *Come here*, or, *Give it to me*.
- ▶ stand by myself for at least 2 seconds.
- ▶ sit up all by myself.



HATS OFF TO HANCOCK COUNTY GIRL SCOUTS!

Here's a great example of community resources enhancing the First Steps program:

Hancock County Girl Scout Troop 1099 earned their Silver Award last spring by providing child care for the county's FUSE Parent Support Group meetings over a period of several months. Amanda Sitler, a Developmental Therapist for First Steps, is the group's troop leader and recognized a prime opportunity of matching a community resource with a community need.

The girls attended the meetings and learned about different disabilities by interviewing each of the parents and asking specific questions about the disability and how it affected each child. Additionally, the girls questioned the parents about each child's interests in order to create a special book and a video of songs with actions for each participating child. When all books, videos, and scouts were prepared, the Troop hosted an ice cream and Girl Scout cookie party for the children and their families and then presented each child with the customized book and a copy of the video. Parents are eager to report that both books and videos are a big hit with each child!

Thanks to Janice Cassell, Hancock County Coordinator, for sharing another community First Steps success!

RILEY HOSPITAL "HEAD INJURY" CONFERENCE

Riley Hospital for Children Neurosurgery Department is hosting a one-day conference on the multitude of issues related to infant and toddler head injuries. The goal of the conference is to provide participants an opportunity to discuss the medical and legal issues associated with shaken baby syndrome.

The conference will be located in the Riley Outpatient Center in Indianapolis from 8:00 a.m. to 5:00 p.m. on November 16, 2001. For more information, please contact Heather Blacklock at (317) 274-8863.

UPCOMING TRAINING OPPORTUNITIES

Indiana First Steps, along with Unified Training Systems (UTS) and the Indiana Parent Information Network (IPIN), provide many education and training opportunities for parents and providers throughout the year. Please check out the Events Calendar for Indiana's Early Childhood Community at:

<http://earlychildhoodmeetingplace.indiana.edu>
or

<http://www.iidc.indiana.edu/~ecc/uts/uts.html>

FIRST STEPS Programmatic Training:

- Orientation to First Steps
- Service Coordination—Level 1
- Service Coordination—Level 2
- Provider Forum

Topical Issues:

- Infant Mental Health
- Advanced Practice of OT/PT
- Advanced Practice for OT/PT/SLP
- Advanced Practice for Cerebral Palsy
- Communication Methodologies Related to Hearing Loss
- Developmental Intervention for High Risk Newborns

- Advanced Feeding Issues
- Developmental Therapy Series
- LPCC Leadership Conference

IPIN TRAINING

- Health Care Financing
- Financial Case Management
 - Private Health Insurance
 - Public Health Insurance, i.e. Medicaid/Medicaid Waiver
- Article 7 Special Education Rights
- Parent Liaison Training

IACCRR TRAINING

- Inclusive Child Care Training
- Contact: Renee Kinder at (800) 299-1627 or rkinder@iaccrr.org

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